

**Application Data Sheet**

**Application Information**

|                                     |  |
|-------------------------------------|--|
| Application Type::                  | National Stage                                 |
| Subject Matter::                    | Utility  |
| Suggested Classification::          |  |
| Suggested Group Art Unit::          |  |
| CD-ROM or CD-R?::                   | None   |
| Number of CD disks::                |  |
| Number of Copies of CDs::           |  |
| Sequence Submission?::              | None   |
| Computer Readable Form (CRF)::      | No   |
| Number of copies of CRF::           | 0  |
| Title::                             | CAMERA FOR MEDICAL,<br>PARTICULARLY DENTAL USE |
| Attorney Docket Number::            | 0502-1046                                      |
| Request for Early<br>Publication?:: | No   |
| Request for Non-Publication?::      | No   |
| Suggested Drawing Figure::          |  |
| Total Drawing Sheets::              | 1  |
| Small Entity?::                     | Yes  |
| Latin Name::                        |  |
| Variety Denomination Name::         |  |
| Petition Included?::                | No   |
| Petition Type::                     |  |
| Licensed US Gov't Agency::          |  |
| Contract or Grant Numbers::         |  |
| Secrecy Order in Parent<br>Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PHILIPPE  
Middle Name::  
Family Name:: BOYER  
Name Suffix::  
City of Residence:: MARSEILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 39, RUE DU VILLAGE  
Address::  
City of Mailing Address:: MARSEILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-13006

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ALAIN  
Middle Name::  
Family Name:: MAZUIR  
Name Suffix::  
City of Residence:: SAINT MAXIMIN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 3052, CHEMIN DU MOULIN  
Address:: LA SAINTE BAUME  
City of Mailing Address:: SAINT MAXIMIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-83470

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

|                  |                      |                         |                         |
|------------------|----------------------|-------------------------|-------------------------|
| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
| This application | National Stage of    | PCT/FR2005/000456       | 2/25/05                 |
|                  |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| FRANCE    | 0402090                 | 3/1/04        | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name:: SOPRO

Street of Mailing ZAC ATHELIA IV

Address:: AVENUE DES GENEVRIERS

City of Mailing Address:: LA CIOTAT CEDEX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-13705